

**Supports for Community Living (SCL)  
Provider Type 33  
907 KAR 1:155**

**Information about the program:**

- SCL providers must be certified through the Department for Mental Health and Mental Retardation.
- The facility administrator or director must sign all forms.
- Out-of-state providers may not enroll.
- Provider must have "bricks and mortar".
- Provider can only be an entity - NO INDIVIDUALS

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- "SCL Statement of Services to be Provided" form
- W-9
- Certification letter from MH/MR
- NPI and Taxonomy Verification

**Important addresses:**

- Department for Mental Health and Mental Retardation  
Division of Mental Retardation  
100 Fair Oaks Lane  
Frankfort, KY 40601  
502-564-7702
- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602